unimpaired. An injection with water made into the jugular vein showed that ulceration of the vessel had previously existed.—*Lancet*, Jan. 25, 1873.

49. *Polypus of Posterior Nares, destroyed by Electricity.*—M. BRUNS relates a case in which a large retro-maxillary tumour was removed by passing through it currents of electricity at 130 sittings. In an appendix to his communication he refers to eight other cases which he found upon record. Six of these were observed to the close of the patients' life, when it was found that the tumour was entirely removed. Confessedly, M. B. remarks, the treatment by electricity is by no means a pleasant one; whether the suffering it gives rise to results from the delicate structure of the tumour, or from the manner in which the electric current has been applied, is still a question. The action of the electric current upon the tumour is that of a caustic, producing death of its tissues, or, in part perhaps, that also of a catalytic. Although M. B. by no means overlooks the inconvenience attendant upon the employment of electricity for the removal of the tumours in question, still the object of his communication is to claim for it a more extended trial.—*Centralblatt f. d. Med. Wissenschaften,* August 23, 1872, from *Berl. klin. Wochenschr.*, No. 27-8, 1872. D. F. C.

50. *Elephantiasis of Prepuce, weighing 22 pounds; Excision; Recovery.*—Sub-Assistant Surgeon KASSY KINKUR MITTER records (*Indian Med. Gaz.*, Jan. 1873) a case of this which is very remarkable from the disease affecting the *prepuce alone,* the scrotum being perfectly normal. The subject of it was aged 45, and when first seen by Surgeon M. "the tumour was of a conical shape (with the base of the cone downwards, and the apex represented by the root of the penis), hanging several inches below the knees. The base or lower part of the tumour was nearly double the size of an adult's head. The man used to walk with great difficulty, as during each pace the tumour was an impediment to the forward motion of the legs. The surface of the tumour was rough and tuberculated, more so at the lower than at the upper part. In front and at the lower part there was an opening leading to a zigzag canal for the exit of urine. He was well built.

"On the 19th of May, 1872, he was put under the influence of chloroform. A piece of broad tape was tied round the root of the penis to check hemorrhage. All attempts to pass a long director through the canal, to serve as a guide to the glans penis, failed, as the passage was tortuous, and too narrow in some places. An incision was made longitudinally along the middle of the tumour, a little below the penis; the canal of the prepuce was laid open, and through it a director was passed up to the glans, which was carefully freed; the penis was dissected out, and then, with one sweep of the knife, the tumour was separated. It weighed 22 pounds, and in structure was very similar to the ordinary scrotal tumour.

"The case made a rapid recovery, with carbolic acid dressing."

OPHTHALMOLOGY.

51. *Operation for Cataract by Linear Section, without Excision of the Iris.*—M. NOTTA, in a communication made to the Surgical Society of Paris (*Gaz. Hebdom.*, Feb. 14, 1873) and since published in *L'Union Médicale* (Feb. 18 and 25), after pointing out the various objections to the several operations for the treatment of cataract, describes a method he has devised, and by which he claims to have been successful in nine cases out of ten in which he has resorted to it. His method is as follows: The pupil being dilated with atropia, the eye is fixed by the ophthalmostat of Nélaton, and the upper lid kept raised. Graefe's knife is then inserted into the cornea at its junction with the sclerotica from two to three millimetres above the equator of the eye; then the knife is passed

transversely and parallel to the iris, making the counter puncture at the junction of the cornea and sclerotica; as soon as this is accomplished the knife is turned so that its cutting edge is towards the cornea, when by a slight sawing motion the cornea is divided. After allowing the patient to rest a moment the capsule of the lens is divided with a cystotome, then slight pressure is made with the back of a curette on the lower lid, at a level with the lower border of the cornea, whilst the upper lid is gently raised, when the lens passes out with the greatest facility. As soon as it is ascertained that there is no blood or fragments of the lens remaining in the eye, and not the smallest portion of the iris between the lips of the incision, the patient is directed to close the lids, but not too strongly, and then the eye is covered with several superimposed bandages of English taffety, taking care to leave both corners of the eye free, for the space of three millimetres, so as to allow of the escape of the tears. The other eye is closed by three or four bandages of taffety. The patient is kept in complete darkness for forty-eight hours; after this time the bandages are raised, and generally in from four to six days the bandages are dispensed with.

M. Notta asserts that the cornea being transversely divided by his method, there results so slight a linear opacity as not to interfere with vision, and in some cases it is difficult even to detect the cicatrix.

A perusal of the report of M. Notta does not seem to us to justify the claim he makes for the great success of his operation. The following were the results in his ten cases:—

Regular circular pupil	in 6 cases.
Very slightly deformed	" 3 "
Notably deformed	" 1 case.
Pupil perfectly clear	" 6 cases.
Pupil presenting a whitish reticulum	" 4 "
No synechia	" 5 "
Synechia	" 5 "
Scarcely visible corneal cicatrix	" 5 "

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52. *Extraction of Cataract by Graefe's Modified Linear Section.*—Dr. David Little has published (*Brit. and For. Med. Chirurg. Rev.*, Jan. 1873) a tabular report and remarks on two hundred cases of extraction of cataract by Graefe's modified linear extraction, which is a valuable contribution to ophthalmic statistics.

The following was the resulting vision in these cases:—

No. of Eyes.		
146	could read Jaeger's test types,	No. 1.
14	" "	No. 2.
11	" "	No. 4.
3	" "	No. 6.
2	" "	No. 8.
1	" "	No. 10.
1	" "	No. 14.
4	" "	No. 16.
1	" "	No. 19.
1	could only count fingers.	
9	same as before operation.	
7	lost.	
200		

If we consider those cases that can read from No. 1 to No. 14 as perfect results, those from No. 16 down to good preception of light as imperfect, and all those the sight of which is destroyed as failures, then we shall have the result of my 200 extractions as follows: 3.5 per cent. of loss; 7.5 per cent imperfect; 89 per cent. perfect.

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53. *Depression of Cataract.*—The removal of the opaque lens from the axis of vision, originally by couching and afterwards by reclination, which produced very brilliant primary effects, but too often very disastrous ultimate results, of

late years has been entirely abandoned, and its performance strongly reprobated by all experienced ophthalmic surgeons. M. TAVIGNOT, in a memoir read before the Academy of Sciences, 27 Feb. 1873, and which is published in the *Révue de Thérapeutique Médico-Chirurgicale*, 15 Feb. 1873, advocates a reinvestigation of the comparative merits of extraction and depression, and extols a method he has devised which he terms the sub-capsular ("*sous capsulaire*") in which the needle—a straight one—is introduced, as in the ordinary operation, but passed between the anterior capsule and the lens, so as not to wound the former, and the lens is then depressed in the usual way. He ascribes the ill results of depression by the usual method to the anterior capsule being wounded. He promises to publish shortly the statistics of his operations, which he asserts have been highly favourable.

The passing a needle between the lens and its anterior capsule without wounding the latter, must be a most difficult proceeding, so difficult indeed, that we should deem it impossible, had not M. T. asserted that he had performed it.

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54. *Influence of the Degree of Light on Acuteness of Vision.*—The *Revue des Sciences Médicales* (Jan. 1873) contains a notice of a very interesting "*These de Paris*" (1872), by Dr. N. TH. KLEIN, from which we extract a few observations. From many experiments Dr. K. concludes "that the acuteness of vision, as ascertained by the aid of scales of letters, of lines or of figures, shows marked variations under the influence of different degrees of light." The acuteness of vision considered normal by authors is not the maximum of acuteness.

The following are the practical conclusions arrived at by Dr. Klein for the exact determination of acuteness of vision.

1. It is indispensable to have a determined amount of light.
2. The intensity of the light used should be noted with the degree of acuteness of vision of the person examined.
3. The degree of light which Dr. K. thinks most convenient, is that which is emitted by from 25 to 100 English candles.
4. The best tables now in use are those of Snellen, of Giraud-Teulon, and of Bœttcher.
5. The tables of Jæger are much inferior to the preceding as well on account of their want of a fixed base as by the irregularity of their gradation.
6. The determination of the acuteness of vision of an individual with a fixed light may inversely serve to measure the degree of light; it is sufficient for this purpose to diminish the light in a calculable proportion, until the acuteness is obtained by which the light has been fixed.

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55. *Conjunctival transplantation for the cure of Symblepharon.*—The palpebral and ocular conjunctiva are sometimes destroyed by burns, or the action of chemical substances, etc., resulting in adhesion of the eyelid to the eyeball. It is often difficult to permanently separate this adhesion so as to allow of the free motion of the lid over the ball. Dr. J. R. WOLFE, Surgeon to the Glasgow Ophthalmic Institution, states (*Glasgow Med. Journ.*, Feb. 1873), that for the last few years he has practised a plastic operation of the conjunctiva for the radical cure of this morbid condition.

"I take," he says, "a portion of the neighbouring healthy conjunctiva of the eyeball, wherever I can get it, to supply the palpebral conjunctiva which has been destroyed. For experience has taught me, that loss of conjunctiva oculi, even to a very large extent, is generally regenerated without prejudice to the neighbouring tissues, whilst loss of the conjunctiva of the eyelid is followed by such disastrous results as pannus, ulcerated cornea, etc. etc."

In one case which he relates, he observes, "I dissected carefully the eyelid from the eyeball, separating it as far as the *cul-de-sac*, to make quite sure that I had liberated the eyeball completely. I then passed two fine silk threads through each side of the conjunctiva at the outer aspect, which ligatures marked the breadth of the conjunctival flap to be removed. These two I put on the stretch, and with a pair of scissors I first cut horizontally, and then on each side of the ligatures, then, putting the scissors behind, I cut it from the eyeball. In cutting the flap on the stretch by means of the ligatures, I take care that the conjunctival flap is removed without any of the sub-conjunctival tissue. The same process is followed at the inner side, and these two flaps are brought together in the middle line, and secured with stitches."

The operation proved successful, there resulting free movement of the eyeball with scarcely any perceptible trace on the latter where the flaps were borrowed.

There is a limit, he admits, "to the extent to which we may go in borrowing conjunctival substance from an eye which has already been injured. If we surpass that limit, the corneal opacity is sure to extend still further, and we lose the last chance of saving vision. Indeed, we sometimes meet with cases in which the infliction of a new wound amounts to the destruction of the eye." He therefore, in a case of very extensive symblepharon, tried to supply his patient with conjunctival substance from a rabbit. Accordingly, he operated, Nov. 3d, 1872, in the following manner: "Both patient and rabbit being put under chloroform, I separated the adhesions, so that the eyeball could move in every direction, and, everting the lower eyelid and turning it downwards, I took from the rabbit that portion of the conjunctiva which lines the inner angle, covering the *membrana nictitans*, and extends as far as the cornea, the portion to be removed having been previously defined by four fine silk threads, which enabled me at the same time to transfer it quickly to replace the lost conjunctiva palpebræ of the patient, in which place it was secured with stitches."

On Nov. 7th, the ligatures were removed. "Patient remained in the hospital for a week, during which time he was carefully noted by me, my assistant, and students. The eyelid remained separated through its whole extent, the eyeball movable in every direction, while the transplanted palpebral conjunctiva retained its vitality, as shown by its red appearance and comparatively smooth surface. There was only one gray spot, the size of a pin's head, visible. Was dismissed on the 11th Nov. He returned three days ago, last Tuesday, Dec. 3. The eye was found in a satisfactory condition. The conjunctiva has a healthy look, the free motion of eyeball maintained, which enabled me at once to make an artificial pupil."

Dr. W. has operated with success on another patient, whose case, however, was not so aggravated as the first.

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56. *Intracranial Tumour; Glioma of the Fifth Nerve.*—Dr. T. E. LITTLE exhibited to the Dublin Pathological Society (April 27th, 1872) a specimen of a remarkable tumour, which engaged several important structures at the base of the brain.

It had occurred in the person of a man, of the age of forty-six, who had been an extremely intemperate liver, and who had, some ten or twelve years ago, suffered from a severe and protracted attack of constitutional syphilis; his wife had aborted three times in consequence of this disease, communicated to her.

The first symptom of his disease occurred about twelve months before he died. This symptom was intense pain throughout the district of the branchings of the fifth nerve of the left side. This pain gradually became more and more excruciating, and eventually came to be almost continuous except when relieved by narcotics. Last December (three months before death) he became suddenly paralyzed on the affected (left) side of the face; about the same time he perceived that he had double vision, and soon afterwards he began to lose the sight of his left eye. He was an inmate of Sir Patrick Dun's Hospital in the month of February, 1872, and at this period the following was, briefly, his state: He still suffered much from deep-seated pain of the left side of the face; and it was chiefly for this, and for the condition of blindness of the left eye, he sought relief. Paralysis of several of the cranial nerves existed, of which the following are the details: There was partial paralysis of the left third nerve, complete paralysis of the left sixth nerve, complete paralysis of the portio dura, with partial paralysis of the portio mollis of the left seventh nerve, complete paralysis of the left fifth nerve—motor, sensory, and gustatory; in addition to these symptoms, a large opaque ulcer occupied the lower two-thirds of the left cornea, and there were evidences of deep-seated involvement of the left eyeball. Shortly after this the paralysis of the third nerve became complete, and he became absolutely deaf to all sounds (the deafness of the right side, however, was an old and unconnected circumstance). In this condition he died, retaining his consciousness to the last.

On opening the head, the brain generally and its membranes were found to be unusually anæmic. A tumour of irregular shape, and considerable size, was found at the base of the brain, in the following situation: The principal bulk of it existed as a flattened mass, involving and lying in the left side of the tentorium; it thus lay between the middle lobe of the cerebrum and the cerebellum. From this it extended outwards for some distance into the dura mater, covering the upper surface of the petrous bone, and forwards into the cavernous sinus, the posterior part of which it almost completely blocked up, where it involved the Casserian ganglion, and the nerves passing into this space. A small nodular piece, almost separate from the larger mass described, and about as large as a small nut, took the place of the part of the fifth nerve, between its apparent origin and the ganglion, and encroached upon the pons Varolii at the place of origin of that nerve, where a small softened excavation existed in that structure. The diseased mass did not project extra-cranially in any place.

A considerable region of the posterior part of the middle lobe of the left cerebral hemisphere was far advanced in a state of softening. The petrous bone, in the region of the tumour, was roughened and eroded to a slight degree.

Drs. Yeo and Harvey (who undertook the microscopic examination of the tumour), made the following communication as their report:—

"The tumour consists of a delicate network, containing within its meshes various cell forms, with some nerve fibres passing through it.

"Sections, with the cells shaken out, show the network to be composed of an interlacement of delicate bands, resembling the neuroglia of Virchow; thickened, however, and more granular. In some places it seemed to be composed of anastomosing, multicaudate cells; in others, the bands presented an irregular, or even fibrillar appearance. Some of the maulticaudate cells, broken off from the reticula, contained distinct nuclei, and gave the idea of being in a condition of rapid proliferation. The greater number of the cellular elements resemble those of ordinary small-celled sarcoma. There exist, also, numerous spindle-shaped cells of different sizes, some short and obtuse, others very much longer, presenting various gradations from the ordinary cells to the multicaudate cells mentioned above.

"The fine nerve bundles which run through the tumour are widely separated by the proliferating neurolgia, and the nerve fibres are studded with numerous nuclei.

"We are of opinion that this is a very well-marked example of the class of tumours called by Virchow 'Glioma,' commencing in the nerve tissue."—*Dublin Journ. Med. Sci.*, Jan. 1873.

MIDWIFERY AND GYNÆCOLOGY.

57. *Report of the Rotunda Lying-in Hospital.*—Dr. GEORGE JOHNSON read before the Dublin Obstetrical Society a report of the Rotunda Lying-in Hospital for the year 1872, which presents many points of great interest. One or two of these we shall notice.

The number of deliveries during the year ending November 5th, 1872, were in the hospital 1193, and 130 at the homes of the patients.

In 131 cases it was considered prudent to employ the *forceps* to effect delivery, 95 being primiparæ, and 36 pluriparæ. This, no doubt, appears a large number, and will be considered by some, followers of the old school, in the light of "meddlesome midwifery."